

3581/004

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

GASTRIC STIMULATOR APPARATUS AND METHOD FOR USE
the specification of which

(check ☐ is attached hereto
one)

☒ [X] was filed on December 17, 1999 as Application
Serial No. 09/466,387 and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application.

I do not know and do not believe that the invention was in public use or on sale in the United States of America more than one year prior to this application.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or

APR 06 2000
OIPB JC90
PATENT & TRADEMARK OFFICE

Priority
Claimed

(Number)	(Country)	(Day/Month/Year Filed)	[] Yes	[] No
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<u>60/129,209</u>	<u>April 14, 1999</u>
(Provisional Appln. No.)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

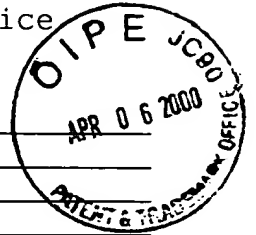
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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As a named inventor, I hereby appoint the following attorneys or agents to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith:

Robert R. Jackson, (Reg. No. 26,183)

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(212) 596-9000

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first inventor Pat L. Gordon

First Inventor's signature

Pat L. Gordon

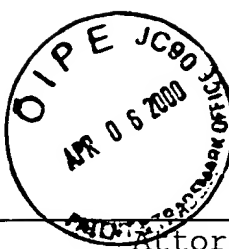
6 March 2000
Date

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Wyzata, MN 55391



Applicant or Patentee: Pat L. Gordon

Serial or Patent No.: 09/466,387

Attorney Docket No.: 3581/04

Filed or Issued: December 17, 1999

For: GASTRIC STIMULATOR APPARATUS AND METHODS FOR USE

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 C.F.R. 1.9(f) AND 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am:

- ☐ The owner of the small business concern identified below:
☒ An official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN Transneuronix, Inc.

ADDRESS OF CONCERN 100 Stierli Court, Suite 106

Mount Arlington, New Jersey 07856

I hereby declare that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. 121.3-18, and reproduced in 37 C.F.R. 1.9(d), for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled GASTRIC STIMULATOR APPARATUS AND METHODS FOR USE by inventor Pat L. Gordon described in:

- ☐ The specification filed herewith.
☒ Application Serial No. 09/466,387, filed December 17, 1999.
☐ Patent No. _____, issued _____.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. 1.9(d) or by any concern which would not qualify as a small business concern under 37 C.F.R. 1.9(d) or a nonprofit organization under 37 C.F.R. 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. 1.27)

NAME _____
ADDRESS _____
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 C.F.R. 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING _____ David A. Jenkins
TITLE OF PERSON OTHER THAN OWNER _____ President
ADDRESS OF PERSON SIGNING _____ Transneuronix, Inc.
_____ 100 Stierli Court, Suite 107, Mount Arlington, New Jersey

SIGNATURE _____ *David A. Jenkins* _____ DATE *March 6, 2000* _____